



Purpose

Requires the Division of Child and Family Services (DCFS) to establish and operate a psychotropic medication oversight pilot program for children in foster care to ensure that foster children are being prescribed psychotropic medication consistent with the foster children's needs. Requires DCFS to establish an oversight team to manage the psychotropic medication oversight program. Requires DCFS to report to the Child Welfare Legislative Oversight panel regarding the pilot program each even numbered year.

Current Sunset Date

July 1, 2024 (Utah Code Section [63I-1-280](#))

Sections of Code that Sunset

- [80-2-503.5](#)

80-2-503.5. Psychotropic medication oversight pilot program.

(1) As used in this section, "psychotropic medication" means medication prescribed to affect or alter thought processes, mood, or behavior, including antipsychotic, antidepressant, anxiolytic, or behavior medication.

(2) The division shall, through contract with the Department of Health and Human Services, establish and operate a psychotropic medication oversight pilot program for children in foster care to ensure that foster children are being prescribed psychotropic medication consistent with the foster children's needs.

(3) The division shall establish an oversight team to manage the psychotropic medication oversight program, composed of at least the following individuals:

- (a) an advanced practice registered nurse, as defined in Section 58-31b-102, contracted with the Department of Health and Human Services; and
- (b) a child psychiatrist.

(4) The oversight team shall monitor foster children:

- (a) six years old or younger who are being prescribed one or more psychotropic medications; and
- (b) seven years old or older who are being prescribed two or more psychotropic medications.

(5) The oversight team shall, upon request, be given information or records related to the foster child's health care history, including psychotropic medication history and mental and behavioral health history, from:

- (a) the foster child's current or past caseworker;
- (b) the foster child; or
- (c) the foster child's:
 - (i) current or past health care provider;
 - (ii) natural parents; or
 - (iii) foster parents.

(6) The oversight team may review and monitor the following information about a foster child:



- (a) the foster child's history;
 - (b) the foster child's health care, including psychotropic medication history and mental or behavioral health history;
 - (c) whether there are less invasive treatment options available to meet the foster child's needs;
 - (d) the dosage or dosage range and appropriateness of the foster child's psychotropic medication;
 - (e) the short-term or long-term risks associated with the use of the foster child's psychotropic medication; or
 - (f) the reported benefits of the foster child's psychotropic medication.
- (7)
- (a) The oversight team may make recommendations to the foster child's health care providers concerning the foster child's psychotropic medication or the foster child's mental or behavioral health.
 - (b) The oversight team shall provide the recommendations made in Subsection (7)(a) to the foster child's parent or guardian after discussing the recommendations with the foster child's current health care providers.
- (8) The division may adopt administrative rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, necessary to administer this section.
- (9) The division shall report to the Child Welfare Legislative Oversight Panel regarding the psychotropic medication oversight pilot program by October 1 of each even numbered year.